

CAP MR/DD Service Definition

Title: Home Modifications

Service Definition:

Home Modifications includes equipment and physical adaptations to the participant's home that are required by his/her needs as documented in the Person Centered Plan, as necessary to ensure the health, safety and welfare of the participant; enable the participant to function with greater independence in the home; and are of direct and specific benefit due to the participant's disability. Home Modifications are cost effective compared to the provision of other services that would be required in an inaccessible environment. The service will reimburse the purchase, installation, maintenance and repair of Home Modifications. Repairs are covered when the cost is efficient compared to the cost of the replacement of the item only after coverage of the warranty is explored.

Home Modifications will only be provided when the modification is necessary to meet the needs of the participant and prevents institutionalization. All services shall be provided in accordance with state or local building codes and Americans with Disabilities Act (ADA) requirements.

Home modifications include:

- Installation, maintenance and repairs of ramps, grab bars and handrails as well as portable ramps
- Widening of doorways/passageways for handicap accessibility
- Modification of bathroom facilities including handicap toilet, shower/tub modified for physically involved participants, sink modifications, toilet modifications, water faucet controls, floor urinal adaptations, plumbing modifications, and turnaround space modifications
- Bedroom modifications to accommodate hospital beds and/or wheelchairs
- Thermostats, shelves, closets, sinks, counters, cabinets and doorknobs
- Shatterproof windows
- Floor coverings for ease of ambulation
- Modifications to meet egress regulations
- Alarm systems/alert systems including auditory, vibratory, and visual to ensure the health, safety, and welfare of the participant (includes signaling devices for persons with hearing and vision loss)
- Fences to ensure the health, safety and welfare of an ambulatory waiver participant who lives in a private home and does not receive paid supervision for 10 hours per day or more
- Video cameras to ensure the health, safety, and welfare of a wavier participant who must be visually monitored while sleeping for medical reasons, and who resides in a private home without paid supervision during sleep hours
- Porch or stair lifts
- Hydraulic, manual, or electronic lifts, including portable lifts or lift systems that could be removed and taken to a new location that are used inside the participant's home

- Stationary/built in therapeutic table
- Weather protective modifications
- Fire safety adaptations

Service Limitation:

- Modifications that add to the total square footage of the home are excluded from this benefit.
- Home modifications can only be provided in the following settings:
 1. Dwelling where the waiver participant resides that is owned by the participant or the family.
 2. In rented residences when the modifications are portable.
- This service cannot be used to purchase locks.
- The total cost of Home Modifications cannot exceed \$15,000 over the duration of this waiver (3 years).

It is the responsibility of the case manager to track the cost of Home Modifications billed and paid for during a plan year, in order not to exceed the total amount of \$15,000 over 3 years. Costs that were not paid during one waiver year must be added to the cost summary for the next waiver year.

The service reimburses for the purchase, installation, maintenance, and repair of environmental modifications and equipment. Repairs are covered when the cost is efficient compared to the cost of the replacement of the item.

Home Modifications can only be provided as a waiver service when they are documented in the Person Centered Plan as necessary to meet the needs of the recipient, prevent institutionalization and payment is not available as part of a Medicaid State Plan option.

All services shall be provided in accordance with applicable State or local building codes

Documentation:

1. The assessment /recommendation for Home Modifications must be completed by an appropriate professional and must identify the participant's need(s) with regard to the Home Modification(s) being requested.
2. A copy of the physician's signature certifying medical necessity shall be included with the request for Home Modifications. The physician may sign a statement on the assessment/recommendation, certifying that the requested adaptation is medically necessary or may sign a separate document.
3. Outcomes/goals related to training needs associated with the participant's/family's utilization and/or procurement of the requested adaptation(s) must be included in the Person-Centered Plan as appropriate.
4. All Home Modifications must meet applicable standards and safety codes.

Note: All Home Modifications purchased through CAP-MR/DD funds will utilize a bid or competitive invoice process when applicable to ensure the most efficient use of Medicaid funds.

